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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTERTO: U.S. Patent and Trademark Office
Examiner: Edgardo San Martin
Art Unit: 2837

DATE: March 2, 2006

FROM: Troy M. Schmelzer

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 21

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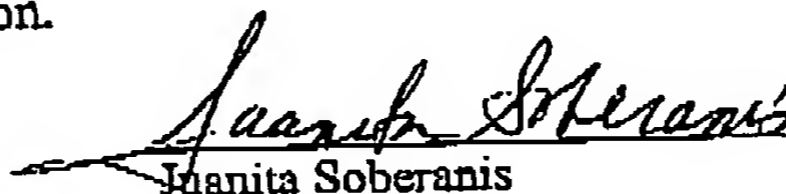
MESSAGE:

Patent Application No.: 10/619,916; Our Ref. 89222.0007

I hereby certify that the following documents:

- ☒ Petition for Extension of Time
☒ Amendment/Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

March 2, 2006
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TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2837

CLIENT NUMBER: 89222.0007

ATTORNEY BILLING NUMBER: 73212

CONFIRMATION NUMBER: (return fax to Juanita Soberanis)

FORM PTO-1083

Attorney Docket No. 89222.0007

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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Mark C. Mattson and James P. Stewart

Serial No: 10/619,916

Confirmation No: 7158

Filed: July 15, 2003

For: Vibration Isolation Mount for Garage Door Opener

Art Unit: 2837

Examiner: San Martin, Edgardo

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P.O. Box 1450

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Juanita Soberanis

Name

Signature *Juanita Soberanis* 3/2/2006

Signature

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Petition for Extension of Time.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	50	-	55	0	LG=\$50 SM=\$25	\$50 \$ 0
INDEPENDENT CLAIMS FEE	7	-	7	0	LG=\$200 SM=\$100	\$200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$
Independent Claims: 1, 15, 22, 41, 42, 54 and 55					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the amount of \$_____ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the amount of \$_____ to cover the extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge \$120 for the Extension fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schnelzer
Troy M. Schnelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: March 2, 2006

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